AFFIDAVIT FOR CORRECTION OF A MARRIAGE LICENSE
Texas Family Code § 2.209(c)
If one or both parties to a marriage license discover an error on the recorded marriage license, both parties to the marriage shall execute a notarized affidavit stating the error.

The State of Texas
County of Angelina

This Affidavit is made to correct or add information to the original marriage license of ______________________________ and _____________________________________, married on the _______ day of __________________________ (month), __________ (year). The marriage license is recorded as document number ____________________ and/or Volume _______ Page ______ of the marriage records in the office of the County Clerk of Angelina County, Texas.

The following facts set forth in the said marriage record are not correctly stated therein:
_____________________________________________________________________________________
_____________________________________________________________________________________

The Affiants, upon their knowledge, state the following facts to be true and changes are necessary to make the correction as follows:
_____________________________________________________________________________________
_____________________________________________________________________________________

X_________________________________ X_________________________________
Affiant’s signature Affiant’s signature

The State of Texas

County of _________________

Before me, the undersigned authority, on this day personally appeared ______________________________ and ______________________________, known to me to be the person whose name is subscribed on the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

The instrument was acknowledged before me on the _______ day of ________________, 20____ by_______________________________ (notary).

_____________________________________________________________________________________
Notary Signature
Notary Public in and for the State of __________
Printed Name: ___________________________
My Commission Expires: ___________________